

Fill in this information to identify the case:

United States Bankruptcy Court for the:

Southern District of New York  
(State)

Case number (*if known*) Chapter 7

Check if this is an amended filing

## Official Form 201

### Voluntary Petition for Non-Individuals Filing for Bankruptcy

12/15

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (*if known*). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name	TransCare Corporation		
2. All other names debtor used in the last 8 years			
Include any assumed names, trade names, and <i>doing business as</i> names			
3. Debtor's federal Employer Identification Number (EIN)	7 5 - 2 5 2 8 3 8 1		
4. Debtor's address	Principal place of business	Mailing address, if different from principal place of business	
	1 MetroTech Center Number Street	Number Street	
	Brooklyn NY 11201 City State ZIP Code	P.O. Box City State ZIP Code	
	Kings County	Location of principal assets, if different from principal place of business Number Street	
		See Schedule 1 Number Street	
		City State ZIP Code	
5. Debtor's website (URL)	<a href="http://transcare.com/">http://transcare.com/</a>		
6. Type of debtor	<input checked="" type="checkbox"/> Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) <input type="checkbox"/> Partnership (excluding LLP) <input type="checkbox"/> Other. Specify: _____		

Debtor	TransCare Corporation <small>Name</small>		Case number ( <i>if known</i> ) _____
--------	----------------------------------------------	--	---------------------------------------

---

**7. Describe debtor's business**

A. Check one:

Health Care Business (as defined in 11 U.S.C. § 101(27A))  
 Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  
 Railroad (as defined in 11 U.S.C. § 101(44))  
 Stockbroker (as defined in 11 U.S.C. § 101(53A))  
 Commodity Broker (as defined in 11 U.S.C. § 101(6))  
 Clearing Bank (as defined in 11 U.S.C. § 781(3))  
 None of the above

---

B. Check all that apply:

Tax-exempt entity (as described in 26 U.S.C. § 501)  
 Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)  
 Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

---

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

6 2 1 9

---

**8. Under which chapter of the Bankruptcy Code is the debtor filing?**

Check one:

Chapter 7  
 Chapter 9  
 Chapter 11. Check all that apply:

Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 (amount subject to adjustment on 4/01/16 and every 3 years after that).  
 The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).  
 A plan is being filed with this petition.  
 Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).  
 The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.  
 The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

Chapter 12

---

**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**

No  
 Yes. District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY

If more than 2 cases, attach a separate list.

District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY

---

**10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?**

No  
 Yes. Debtor See Schedule 2 Relationship \_\_\_\_\_

District \_\_\_\_\_ When \_\_\_\_\_  
MM / DD / YYYY

Case number, if known \_\_\_\_\_

Debtor	TransCare Corporation <small>Name</small>		Case number ( <i>if known</i> ) _____
<hr/>			
<b>11. Why is the case filed in <i>this district?</i></b>	<i>Check all that apply:</i>		
	<input checked="" type="checkbox"/> Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district. <input type="checkbox"/> A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.		
<b>12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed. <b>Why does the property need immediate attention? (Check all that apply.)</b> <input type="checkbox"/> It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety. What is the hazard? _____ <input type="checkbox"/> It needs to be physically secured or protected from the weather. <input type="checkbox"/> It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options). <input type="checkbox"/> Other _____		
<b>Where is the property?</b> _____			
	Number	Street	
	_____		
	City		State _____ ZIP Code _____
<b>Is the property insured?</b>			
	<input type="checkbox"/> No <input type="checkbox"/> Yes. Insurance agency _____		
	Contact name _____		
	Phone _____		
<hr/> <b>Statistical and administrative information</b> <hr/>			
<b>13. Debtor's estimation of available funds</b>	<i>Check one:</i>		
	<input type="checkbox"/> Funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.		
<b>14. Estimated number of creditors</b>	<input type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input checked="" type="checkbox"/> 200-999	<input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> More than 100,000
<b>15. Estimated assets</b>	<input type="checkbox"/> \$0-\$50,000 <input type="checkbox"/> \$50,001-\$100,000 <input type="checkbox"/> \$100,001-\$500,000 <input type="checkbox"/> \$500,001-\$1 million	<input type="checkbox"/> \$1,000,001-\$10 million <input checked="" type="checkbox"/> \$10,000,001-\$50 million <input type="checkbox"/> \$50,000,001-\$100 million <input type="checkbox"/> \$100,000,001-\$500 million	<input type="checkbox"/> \$500,000,001-\$1 billion <input type="checkbox"/> \$1,000,000,001-\$10 billion <input type="checkbox"/> \$10,000,000,001-\$50 billion <input type="checkbox"/> More than \$50 billion

Debtor	TransCare Corporation <small>Name</small>			Case number ( <i>if known</i> ) _____
<b>16. Estimated Liabilities</b>				
<input type="checkbox"/> \$0-\$50,000 <input type="checkbox"/> \$1,000,001-\$10 million				<input type="checkbox"/> \$500,000,001-\$1 billion
<input type="checkbox"/> \$50,001-\$100,000 <input type="checkbox"/> \$10,000,001-\$50 million				<input type="checkbox"/> \$1,000,000,001-\$10 billion
<input type="checkbox"/> \$100,001-\$500,000 <input checked="" type="checkbox"/> \$50,000,001-\$100 million				<input type="checkbox"/> \$10,000,000,001-\$50 billion
<input type="checkbox"/> \$500,001-\$1 million <input type="checkbox"/> \$100,000,001-\$500 million				<input type="checkbox"/> More than \$50 billion

**Request for Relief, Declaration, and Signatures**

**WARNING –** Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature of authorized representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

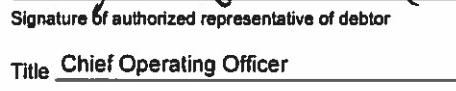
I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 02/24/2016  
MM / DD / YYYY

**x**

  
Signature of authorized representative of debtor

Peter Wolf

Printed name

Title Chief Operating Officer

**18. Signature of attorney**

**x**

  
Signature of attorney for debtor

Date

2/24/16  
MM / DD / YYYY

L.P. Harrison 3rd

Printed name

Curtis, Mallet-Prevost, Colt & Mosle LLP

Firm name

101 Park Avenue

Number Street

New York

NY

10178-0061

City

State

ZIP Code

212-696-6000

[lharrison@curtis.com](mailto:lharrison@curtis.com)

Contact phone

Email address

1944313

NY

Bar number

State

TransCare Corporation

Line 4

**Schedule 1**

**Location of Principal Assets**

Baltimore, MD

Brooklyn, NY

Mt. Vernon, NY

Poughkeepsie, NY

Wappinger Falls, NY

West Chester, NY

White Plains, NY

TransCare Corporation  
Line 10

**Schedule 2**

**List of Affiliated Debtors**

1. TransCare Corporation
2. TransCare New York, Inc.
3. TransCare ML, Inc.
4. TC Ambulance Group, Inc.
5. TransCare Management Services, Inc.
6. TCBA Ambulance, Inc.
7. TC Billing and Services Corp.
8. TransCare Westchester, Inc.
9. TransCare Maryland, Inc.
10. TransCare Harford County, Inc.
11. TC Ambulance North, Inc.